Section 2: NEIGHBOURHOOD YOUTH ACTIVITIES FUNDING

APPLICATION FORM 2019-20

**THE APPLICATION FORM**

**This is an Administration Box**

Date application received: Amount Requested:

 **The Proposed Project/Club/Drop in/Group**

What is the name of the Project that you require funding for? “Project” will refer to any type of provision throughout this document and in the guidance:

1. **Your Project**

Please tell us what you to want to provide, as well as where and when and what the age ranges are of the young people:

1. **Please tell us how many young people will benefit from your Project if you are successful?**

Total individual young people per year or over whole programme:

1. **How will young people benefit from coming to your Project, so that:**
2. They feel supported and safe
3. There are opportunities for their engagement, their development and their Voices
4. That they are involved in their Community
5. **How can you show us that young people want this Project and are/will be involved in how it is run:**

**5. How much funding do you require from us?** *Refer to guidance. You can expand boxes or add a separate sheet.*

|  |  |  |
| --- | --- | --- |
| **PROJECT ITEMS** | **DETAIL**  | **TOTAL COSTS**  |
| E.g. staffing, equipment, training, resources etc.  | Include detail such as staffing per hour, how many staff, how many hours and weeks per year, on costs, holiday cover etc  | **Totals per item**  |
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| *Ambition Quality Mark required*  | *Yes/No please circle Approximate cost add £100*  |  |
|  |  |  |
|  **TOTAL YOU ARE APPLYING TO US FOR** |  |

**6. Please give us the contact details of your group/organisation**

|  |  |
| --- | --- |
| Main Contact Name: Agency/Group/Organisation: Telephone numbers:  | Address: Email address:  |

1. **Please can you confirm if your group or organisation has the following by ticking the appropriate boxes:**

You will be required to have these policies in place if we are to fund your project

|  |  |
| --- | --- |
| All staff and volunteers involved with this activity have a valid enhanced DBS check (Disclosure and Barring Service checks) |  |
| A health and safety policy (to include provision to meet food hygiene requirements if applicable)  |  |
| A safeguarding policy |  |
| An equal opportunities policy |  |
| Relevant insurance for the activity/project |  |
| Risk assessment for the project/activity |  |
| Relevant First Aid Cover  |  |
| Relevant training for your team, line management time, team meetings  |  |
| Safer recruiting procedures i.e. application form, role description, references taken and interview process for paid staff and volunteers  |  |
| **Do you need help getting these policies and procedures in place?** Yes/No Please circlePlease note your group will not receive the funding itself until evidence of these being in place are provided or until you have received the support to put them in place  |

1. **Finally please sign and date this form to confirm the information is correct (you can sign electronically).**

|  |  |
| --- | --- |
| **Signature**  | **Date**  |
|  |  |

Thank you for your time. Please note basic information on all successful applications will be in the public domain.

When you have completed your application, please make sure every section is completed and send in the post to: Communities’ Youth Worker, Youth Activities’ Funding 2019-20, Torbay Youth Service, 1st Floor South - Tor Hill House, C/o Town Hall, Castle Circus, Torquay, TQ1 3DR

Or via email to: youthservice@torbay.gov.uk with the subject heading FAO: Communities’ Youth Worker - Youth Activities’ Funding Submission. Closing Date**: Monday 10th June 2019.**

Please note this form can be made available in other formats and languages. For more information please telephone 01803 208103.